**TRAINING NOMINATION FORM FOR MEDEA PROJECT**

**Training Course on Calibration and Testing of Non-Invasive Sphygmomanometers**

**11-15 November 2019 at NMIM, Malaysia**

Please complete and email this form to [Catharina.Watzl@ptb.de](mailto:Catharina.Watzl@ptb.de) by **1 October 2019**. Please type your details into this form, handwritten scanned documents are not acceptable.

All nominations will undergo a selection process and will be evaluated by the members of the MEDEA Coordination Committee.

Selection of participants will be based on the following criteria:

* Nominee is responsible for managing the calibration/ verification of BP devices.
* Nominee is involved in BP policy and regulation in the economy.
* Nominee is operating a facility to calibrate/verify BP devices
* Nominee is planning to set up a facility for the calibration of BP devices

Only nominations supported by the **Director of your institution** will be considered.

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| **Nominee to complete this section**  (Use separate nomination form for each nominee) | | |
| **Participant information** | | |
| Economy | | |
| Institution | | |
| Department | | |
| Title Ms  Mrs  Mr  Dr  Prof. | | |
| First Name            Last Name | | |
| Gender Female  Male | | |
| Date of Birth Day    Month    Year | | |
| Passport number       Date of Expiry | | |
| Airport of Departure | | |
| Dietary Requirements | | |
| Email       Telephone | | |
| Address | | |
|  | | |
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|  | | |
|  | | |
| **Participant Qualifications** | | |
| Education Qualification       Year  Qualification       Year  Qualification       Year | | |
| What is your current role including your responsibility in your institute for implementing metrological control of non-Invasive sphygmomanometer? | | |
| How many years of experience do you have in implementing non-invasive sphygmomanometer?        year(s) | | |
| What is your experience in training others? | | |
| Are you willing to deliver a lecture or demonstration to support other trainers at an international training course in the future?  1 Yes  2 No | | |
| Complete the Action Plan below to show how you will implement the test procedures from the training course. Add additional lines if required | | |
| Due Date | Activity | Who and how many people will be involved |
|  |  |  |
|  |  |  |
|  |  |  |
| After this training you will be expected to implement change within your economy to improve your economy’s capability and harmonisation with OIML. By submitting this form you verify that if you are accepted for training you will:   * give your manager progress reports on your Action Plan * ensure your Action Plan is implemented * produce a report on the implementation of your Action Plan for the next APLMF/APMP meeting   I agree to the above terms and conditions:  Yes | | |
| |  | | --- | | **Information about your economy**  The following questions are designed to develop a profile about how medical metrology is regulated within your economy.  Does your economy have adequate **legislation** in place to regulate the Non-Invasive Sphygmomanometer measurements?  Yes , No . If you answered, No, please explain further:  **Who** carries out calibration and testing of Non-Invasive Sphygmomanometer instruments in your economy?  Inspectors , 3rd party , other  What **verification periods** does your economy implement?        year(s)  Others: (Please specify) 1.      :       year(s)  2.      :       year(s)  Does your economy carry out **type approval** **for** Non-Invasive sphygmomanometers?  Yes , No  If No, explain how you ensure the integrity of these instruments  To what extent does your economy implement **OIML R 16-2**?  Fully implemented , Partially implemented , Not implemented yet  Add any explanation, if required:  List all **areas/fields** of medical metrology, other than Non-Invasive Sphygmomanometer, already **implemented** in your economy. Please also specify metrological control system used.  List all **areas/fields** of medical metrology, other than Non-Invasive Sphygmomanometer, your economy **plans to implement** within the next 3 years. Please also specify metrological control system that will be used.  List any **problems** your economy needs to overcome in-order-to implement OIML recommendations for Non-Invasive Sphygmomanometer effectively.  Add **anything else** you feel is important to share with the trainers  What specific area/s would you want the trainers **to focus** on in the lectures and demonstrations? | | | |

**Please ask your Director to complete the next section**

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| **Director to complete this section** |
| Name       Position |
| Email |
| What skills does the nominee have that makes them suitable for this training course? |
| Describe the potential you see for the nominee to be a future manager/leader in your economy |
| Would you support the nominee as a prospective leader for medical metrology capacity building within the region in the future?  Yes  No |
| Please explain how attendance at this training course will improve the regulation of Non-Invasive Sphygmomanometer in your economy? |
| How good are the nominee’s English communication skills?  **Speaking**  1 Basic 2 3 4 5 Excellent  **Written**  1 Basic 2 3 4 5 Excellent  Note: “basic” is the level equivalent to score 500 of TOEIC or score 50 of TOEFL (iBT). |
| I endorse this nomination and I will:  support the implementation of their Action Plan  ensure a report on the Action Plan will be included in the economy report at the next APLMF/APMP Meeting |
| Contribution to funding:  The NMI/LMA will cover the following expenses:  Flight Per diems Accommodation Other costs (please specify below)  Notes: |
| Signature       Date |

**Nomination Form to be submitted to PTBs MEDEA Project Assistant** [Catharina.Watzl@ptb.de](mailto:Catharina.Watzl@ptb.de) **by the Director by 1 October 2019**